



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM, FINANCIAL ASSISTANCE CENTER
DRINKING WATER ECONOMIC RECOVERY FUNDING APPLICATION

Submit to: P.O. Box 176, Jefferson City, MO 65102-0176
Attn: Financial Assistance Center

FOR OFFICE USE ONLY

DATE RECEIVED

PROJECT NUMBER

PRIORITY POINTS

This application is subject to State Revolving Fund requirements

GENERAL INFORMATION

1. PUBLIC WATER SUPPLY NAME		PUBLIC WATER SUPPLY ID NO.	
PUBLIC WATER SUPPLY OWNER			
2. PUBLIC WATER SUPPLY CONTACT PERSON FOR THIS DRINKING WATER STATE REVOLVING FUND LOAN PROJECT			TITLE
MAILING ADDRESS			
CITY	STATE	ZIP CODE + FOUR -	COUNTY
TELEPHONE NUMBER WITH AREA CODE () - Ext.		FAX NUMBER WITH AREA CODE () - Ext.	
3. CONSULTING ENGINEER			
CONSULTANT MAILING ADDRESS			
CITY	STATE	ZIP CODE + FOUR -	
CONSULTANT TELEPHONE NUMBER WITH AREA CODE () - Ext.		CONSULTANT FAX NUMBER WITH AREA CODE () -	
4. POPULATION SERVED BY PUBLIC WATER SUPPLY <input type="checkbox"/> < 501 <input type="checkbox"/> 501 to 3,300 <input type="checkbox"/> 3,301 to 10,000 <input type="checkbox"/> 10,001 to 100,000 <input type="checkbox"/> > 100,000			
5. U.S. CONGRESSIONAL DISTRICT NUMBER	STATE SENATE DISTRICT NUMBER(S)		STATE REPRESENTATIVE DISTRICT NUMBER(S)

6. CERTIFIED OPERATOR AND EMERGENCY OPERATING PLAN

THE APPLICANT HAS PROVIDED:

- ☐ Documentation that the Public Water Supply has a certified chief operator or expects to prior to loan award.
- ☐ Documentation that the Public Water Supply has an emergency operating plan or expects to prior to loan award.

PROJECT DESCRIPTION

DESCRIBE THE MAJOR COMPONENTS OF THE PROJECT. THE PROJECT FOR WHICH FUNDING IS BEING REQUESTED MUST BE LIMITED TO PROJECTS THAT WILL BE BID FOR CONSTRUCTION IMMEDIATELY FOLLOWING THE AWARD OF FUNDS. (ATTACH A SEPARATE SHEET, IF NECESSARY)

7. ESTIMATED PROJECT COST INFORMATION		8. BREAKDOWN OF STATE REVOLVING FUND ELIGIBLE COST PER DESIGNATED CATEGORIES:	
Cost Estimate Dated: / /		I. Treatment	\$
Administrative/Legal	\$	II. Transmission and Distribution	\$
Engineering Planning and Design	\$	III. Storage	\$
Construction Engineering Services	\$	IV. Source	\$
Engineering Inspection	\$	V. Land Acquisition	\$
Construction	\$	VI. Purchasing of Other Systems	\$
Other Costs (labs, upgrades, automation, etc.) Specify:	\$	VII. Refinancing	\$
Interest During Construction	\$	VIII. Other Specify:	\$
Contingency (10 percent of construction)	\$	9. PROJECTED LOAN REPAYMENT SOURCE	
Total Project Costs	\$	<input type="checkbox"/> User Fees <input type="checkbox"/> General Funds <input type="checkbox"/> Sales <input type="checkbox"/> Other (Please, describe):	
Funding Sources other than the Drinking Water State Revolving Fund (specify whether loan or grant):			
•	\$		
•	\$		
BALANCE (Total project costs minus other funding sources)	\$		
Cost of Issuance (Estimate 3% of balance)	\$	IS THE SOURCE OF REPAYMENT IN PLACE AND AVAILABLE AT THIS TIME? (CHECK ONE) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:	
AMOUNT OF REQUEST (Balance plus Cost of Issuance)	\$		
10. ANTICIPATED DEBT STRUCTURE/SECURITY			
<input type="checkbox"/> General Obligation Bonds <input type="checkbox"/> Revenue Bonds			
Amount of Bond \$		HAVE YOU PASSED BONDS FOR THIS PROJECT? (CHECK ONE) <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. FINANCIAL INFORMATION			
Anticipated term of the loan (years)			
EXISTING CUSTOMERS		ESTIMATED CUSTOMERS AT PROJECT COMPLETION	
WHAT IS YOUR COLLECTION DELINQUENCY RATE? percent		ARE YOU CURRENTLY FUNDING DEPRECIATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
OUTSTANDING DEBT AMOUNT \$		WHEN WAS THE LAST TIME USER FEES WERE REVIEWED?	
EXISTING ANNUAL DEBT SERVICE \$		WHEN WAS THE LAST TIME USER FEES WERE INCREASED?	
12. REVENUE LESS (MINUS) OPERATING EXPENSES FOR THE LAST FISCAL YEAR EQUALS = \$			
FROM A FINANCIAL STANDPOINT, DO YOU HAVE A COMBINED WATER AND SEWER SYSTEM? <input type="checkbox"/> Yes <input type="checkbox"/> No			
13. AFFORDABILITY (COMMUNITY WATER SYSTEMS ONLY)			
Community water systems include, for example, water supply districts, cities and subdivisions. Community water systems may be publicly or privately owned.			
POPULATION SERVED		FROM THE U.S. CENSUS; MEDIAN HOUSEHOLD INCOME FOR THE SERVICE AREA \$	
NUMBER OF HOUSEHOLDS			
COMMUNITY(IES) BENEFITED BY PROJECT			
14. CURRENT AVERAGE MONTHLY WATER BILL FOR A TYPICAL HOUSEHOLD, PER 5,000 GALLONS \$			
ESTIMATED AVERAGE MONTHLY WATER BILL FOR A TYPICAL HOUSEHOLD, PER 5,000 GALLONS, FOLLOWING COMPLETION OF THIS PROJECT \$			

15. SAFE DRINKING WATER ACT COMPLIANCE (ONLY EXISTING PUBLIC WATER SYSTEMS ARE ELIGIBLE FOR PRIORITY POINTS UNDER THIS SECTION)

Describe anticipated compliance benefits of the proposed project. The project for which funding is being requested must be limited to projects that will be bid for construction immediately following the award of funds. Check all items listed below that apply to this project and describe each item below. You must attach any other supporting documentation described on the application form. Please type or print legibly.

THIS PROJECT WILL (CHECK ALL THAT APPLY):

- ☐ Correct persistent violations of maximum contaminant levels or treatment performance criteria for acute risk contaminants (such as coliform, turbidity, or nitrate) within the past 36 months.
- ☐ Correct persistent violations of treatment technique requirements.
- ☐ Correct persistent violations of maximum contaminant levels for non-acute risk primary contaminants occurring within the past 36 months.
- ☐ Correct persistent violations of maximum contaminant levels for secondary contaminants occurring within the past 36 months.
- ☐ Enable the Public Water Supply to comply with certain anticipated federal regulations.
- ☐ Enable the Public Water Supply to comply with an administrative order, bilateral compliance agreement, permit or other enforceable document issued by the Missouri Department of Natural Resources.

DESCRIPTION OR ADDITIONAL COMMENTS:

PUBLIC HEALTH

Describe the anticipated public health benefits of the proposed project. The project for which funding is being requested must be limited to projects that will be bid for construction immediately following the award of funds. Check all items listed below that apply to the project and describe in the space provided. You must attach any other supporting documentation and specifically cross-reference it in the narrative description. The department will consider only supporting documentation described on the application form. Please type or print legibly.

- ☐ Existing public water systems only: At least 51 percent of the project will address problems causing a waterborne disease outbreak attributable to the Public Water Supply by the Department of Health and Senior Services.
- ☐ Existing public water systems only: The Public Water Supply can document its inability consistently to maintain >35 psi as a normal working pressure in the distribution system.
- ☐ Existing public water systems only: The Public Water Supply can document its inability consistently to maintain >20 psi at all service connections.
- ☐ Private or non-community wells or sources in the project service area are unable to consistently provide an adequate amount of potable water for general household purposes and at least 51 percent of the project addresses this need.

THIS PROJECT WILL (CHECK ALL THAT APPLY):

- ☐ Provide a Public Water Supply with a backup well or backup interconnection with another Public Water Supply.
- ☐ Address problem(s) with improper well construction.
- ☐ Address unaccounted for water that exceeds 10 percent of the drinking water produced by the system, and the loss is due to leaking or broken water lines.
- ☐ Provide necessary modifications to a distribution system anticipated to exceed design capacity or useful life within the next five years.
- ☐ Address a demonstrated need to replace faulty pipes or substandard pipe materials.
- ☐ Address a demonstrated need for distribution system valves and flushing devices.
- ☐ Address a demonstrated need for looping of water mains.
- ☐ Address an inability to maintain a disinfectant residual at all points in the distribution system.
- ☐ Address water storage facilities in poor condition not related to inadequate maintenance.
- ☐ Provide the Public Water Supply with a storage capacity equal to one day's average use or provide the Public Water Supply with adequate standby power.
- ☐ Provide necessary modifications to a source or treatment facility anticipated to exceed design capacity or useful life within the next five years.
- ☐ Address significant degradation of the quality of raw water supply.
- ☐ Address significant degradation of the quality of finished water in storage.
- ☐ Enable the Public Water Supply to meet existing state requirements for the treatment or storage of waste residues generated by the water treatment plant.
- ☐ Enable repair or replacement of treatment facilities for required disinfection or turbidity removal that are severely deteriorated beyond the useful life of the facility.
- ☐ The facility's source is vulnerable to natural disasters (such as flood or drought) or contamination.
- ☐ The facility's treatment plan is vulnerable to natural disasters (such as flood or drought) or contamination.
- ☐ The facility is located in a department approved Wellhead Protection Area.
- ☐ At least 51 percent of the project cost is for repair or replace an existing public water system damaged or destroyed by a natural disaster. (Note: Documentation must be submitted along with a statement that adequate state or federal disaster relief is not available).

THIS PROJECT WILL (CHECK ALL THAT APPLY):

- ☐ Provide necessary upgrades to facilities of a primary water system to continue or expand services as a regional water supplier.
- ☐ Result in the permanent supply interconnection of two or more existing public water systems. (This includes new water systems that allow small water systems within their boundaries to consolidate).
- ☐ Result in a regional management system responsible for the day-to-day operation of the water system.
- ☐ Enable the Public Water Supply to enhance the water system security.
- ☐ Applicants governing board has received training related to the management and operation of drinking water infrastructure.

PUBLIC HEALTH (CONTINUED)

DESCRIPTION OR ADDITIONAL COMMENTS (PLEASE TYPE OR PRINT LEGIBLY):

CERTIFICATION:

The undersigned representative certifies the information submitted in this application is true and correct to the best of his or her knowledge and he or she is authorized to sign and submit this application. The applicant agrees, if funds are awarded on the basis of this application, to comply with all applicable rules and regulations of the Department of Natural Resources and the terms and conditions of the loan agreement. **Incomplete applications will be returned.**

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

/ /

NAME AND OFFICIAL TITLE (TYPE OR PRINT)

TELEPHONE NUMBER WITH AREA CODE

() - Ext.

PREPARER'S NAME AND SIGNATURE (IF APPLICABLE)

SIGNATURE OF PREPARER

DATE

/ /

NAME AND TITLE (PRINT OR TYPE)

TELEPHONE NUMBER WITH AREA CODE

() - Ext.